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ABSTRACT

Intended for state education agencies and State Implementation Grant directors and coordinators, the booklet provides basic information on providing educational services to preschool handicapped children. Major premises include the following: the effectiveness of early education of handicapped children is supported by research; and early childhood special education can be viewed not only as a remedial effort, but also as a preventative measure that may eliminate the need for long-term remedial assistance. Handicaps for which help is available through current federal funds are listed and include deaf, deaf/blind, mentally retarded, hard of hearing, multihandicapped, orthopedically impaired, other health impaired, seriously emotionally disturbed, specific learning disabled, speech impaired, and visually handicapped. It is reported that services paid for by the federal government are delivered to the public through center based, home based, combination home and center based, and hospital based methods. Characteristics of successful programs are identified and include individualized education programs, parent involvement, ongoing training for staff and parents, a sound theoretical base, clearly stated philosophy and goals, and identification and intervention activities that occur as early as possible. Tables with information on various resources, such as HCEEP (Handicapped Children's Early Education Program) organizations and information services, are offered. A bibliography completes the booklet. (SW)

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# An Early Childhood Special Education Primer

Joy Hicks Cooper

TADScripts '81

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## PREFACE

This pamphlet was prepared for state education agencies and State Implementation Grant directors and coordinators by the Technical Assistance Development System. It provides basic information on the following topics:

1. The reasons for getting a child with a handicap special educational help before he reaches school age
2. The handicaps for which help is available (through current federal funds, which are subject to change)
3. The various ways in which services paid for by the federal government are delivered to the public, and
4. The places one may go for information about handicaps or services

This primer does not cover these topics in depth. It, rather, introduces the reader to the most salient features of each issue. We suggest that the information herein be used:

1. At conference or workshop presentations. It would be a good supplement to audiovisual materials such as the filmstrip, "Starting...at the Beginning: An Update on Early Education for Young Exceptional Children" (WESTAR, 1980).
2. In response to inquiries from parents. Duplicate appropriate pages or give the parent the entire paper.
3. In preparing presentations to make the community more aware of services.
4. In responding to mail or phone inquiries.

WHY EARLY EDUCATION?

First, let's explain the term: "early education" is a service offered by educators to children too young (under five years) for traditional grade school. Kindergarten is a form of this kind of education that has increasingly been recognized as useful in preparing young children for school. Similarly, "early childhood special education" has come to be valued as a way of serving the needs of handicapped preschoolers and their familes. These services have only recently become available.

It was only in the first half of the twentieth century that special education began to be organized (and recognized) as a profession (Garwood, 1979). Even then, however, services for preschool children were scarce and, for practical purposes, available only to parents who could afford private schools and centers for their children.

But in the 1960s, the federal government became committed to providing equal education for all children (handicapped, nonhandicapped, black, white, etc.) with the Compensatory Education Program (1969), Head Start (1964), the Elementary and Secondary Education Act (1965), and the Handicapped Children's Early Education Assistance Act (1968). This last piece of legislation was prompted by the research of psychologists and educators, such as Bruner, Piaget, Bloom, and others, whose work suggested that some of the most important human learning occurs during the first six years of life. This Act provided money to establish projects (known as demonstration projects) or centers that would work with special children using techniques based on the research. These centers were to develop sets of procedures which could be adapted by educators throughout the country in working with handicapped children.

In 1975, Congress passed Public Law 94-142, the Education for All Handicapped Children Act. This law for the first time made free, appropriate, public education the right of the handicapped child. The word appropriate means "instruction that meets the needs of the child."

Since 1975, many states have begun to mandate services for exceptional children below school age. In these states, certain services must be provided to handicapped children between birth and five years of age. In most of the remaining states, permissive legislation exists which allows services to be offered through state and local education agencies if those agencies choose to offer them. See Figure 1 for a state-by-state breakdown.

## DOES EARLY EDUCATION WORK?

The effects of early intervention on children were documented as early as the 1930s (NASDSE, 1980). "The studies of Kirk (1958, 1965), Skeels (1966), and Dye (1939, 1966), examined the long-term effects of manipulating the early environments of handicapped children. In each of these studies, intervention during the preschool years was reported to have substantially influenced the demonstrated functioning of treatment as compared to control groups.... Cumulatively, these studies substantiate the need for providing stimulating experiences during early childhood to enable disadvantaged and handicapped children to reach higher levels of functioning" (Fredericks, Moore, and Baldwin, April, 1979).

More recently, Downs syndrome children who had been enrolled in a structured preschool program demonstrated more advanced skills across several school ages than did similar children not exposed to the preschool program (Hayden and Haring, 1976). Schweinhart and Weikart (1977) provide additional information on the long-term effects of preschool education on

FIGURE 1
Status of State Legislation Designed
To Bring Services To Handicapped
Preschoolers (May 1980)

| State | Mandated Ages* | Permissive Ages* | Comments |
|---|---|---|---|
| Alabama | | | |
| Alaska | 3-5 | | department of health has 0-3 homebound mandate |
| Arizona | | 5 | |
| Arkansas | | 5 | |
| California | | 0-5 | 3-5 severe/profound mandate |
| Colorado | 5 | 0-4 | no state reimbursement for permissive |
| Connecticut | 4-5 | | 3-5 hearing impaired mandate; full 3-5 mandate in 9/80 |
| Delaware | 4-5 | | 0-3 deaf, hard of hearing, deaf/blind, and blind mandate |
| Florida | | 3-5 | 0-2 deaf/blind, severely physically handicapped and trainable mentally handicapped permissive to be served in home or community program |
| Georgia | 5 | 0-4 | |
| Hawaii | | 3-5 | will assume mandate status by 9/80 under court order |
| Idaho | 6 | 0-5 | permissive kindergarten |
| Illinois | 3-5 | | |
| Indiana | | 3-5 | 6 months-2 years deaf, permissive |
| Iowa | 0-5 | | |
| Kansas | | 5 | |
| Kentucky | 6 | 0-5 | |
| Louisiana | 3-5 | | 0-2 severe/profound, permissive |
| Maine | | 0-5 | 0-5 speech and hearing impaired |
| | | 3-5 | 3-5 grant sites |
| Maryland | 0-5 | | takes effect 9/80 |
| Massachusetts | 3-5 | | |
| Michigan | 0-5 | | |
| Minnesota | 4-5 | 0-3 | |
| Mississippi | | 0-5 | |
| Missouri | 5 | 3-4 | |
| Montana | | 0-5 | |
| Nebraska | 0-5 | | |
| Nevada | | | permissive; visually handicapped 0-5; aurally handicapped 0-5; mentally handicapped 3-5; academically talented 4-5 |
| New Hampshire | 3-5 | | |
| New Jersey | 5 | 3-4 | |
| New Mexico | | | |
| New York | 5 | | |
| North Carolina | 5 | 0-4 | includes gifted |
| North Dakota | | 3-5 | |
| Ohio | 5 | 3-4 | 3-4 permissive, low incidence priority |
| Oklahoma | 4-5 | | 0-3 severely handicapped mandate |
| Oregon | | 0-5 | |
| Pennsylvania | | 3-5 | permissive by virtue of informal administrative decision of secretary of education; 2-5 permissive: blind, deaf, CP, muscular dystrophy and severely brain injured for placement in state-approved schools |
| Rhode Island | 3-5 | | |
| South Carolina | 4-5 | 0-5 | 4-5 hearing impaired mandate; 5 & up for all other handicaps |
| South Dakota | 0-5 | | 0-3 served if need for "lifetime assistance;" 3-5 gifted mandate |
| Tennessee | 4-5 | | 3 deaf/hearing impaired mandate |
| Texas | 3-5 | | 0-2 blind, deaf, deaf/blind mandate |
| Utah | 5 | 0-4 | |
| Vermont | | 0-5 | 0-5 permissive, if child is delayed enough in terms of specified months below chronological age |
| Virginia | 2-5 | | |
| Washington | 5 | 0-4 | 0-2 responsibility of developmental disabilities |
| West Virginia | 5 | 3-4 | |
| Wisconsin | 3-5 | 0-2 | |
| Wyoming | | 0-5 | through division of community programs, development/disabilities |
| D.C. | 4-5 | | |
| Puerto Rico | 5 | | |
| Virgin Islands | | 0-5 | no legislation, but all deaf-blind 0-5 served; 5 permissive |

*Age ranges are inclusive
Adapted from: Trohanis, P., Woodard, M., and Behr, S. "Services for Young Exceptional Children." Exceptional Parent 11 (1981): 513-520.

disadvantaged children in their nine-year follow-up report on the Ypsilanti Perry Preschool Project. The National Association of State Directors of Special Education (NASDSE, 1980) reports on this study:

> Children who attended preschool were found to be more successful in school as measured by the school's own criteria of success.... By grade four, 38% of children without preschool received special placement, while this was the case for only 17% of children with preschool, a significant difference. Preschool experience cut the rate of special placement in half (p. 6).

Garwood (1979) suggests early childhood special education be viewed not only as a remedial effort, but also as a preventive measure that may eliminate the need for long-term remedial assistance for some young handicapped children. Thus, exposure to appropriate learning experiences from early infancy through the preschool years can benefit society as well as handicapped children.

## WHEN IS A CHILD CONSIDERED HANDICAPPED?

The federal law that prescribes service for special children (P.L. 94-142) lists a number of conditions which, when present, are handicaps. The disabilities have nothing to do with culture, religion, races, or socio-economic classes, and they range in severity from very mild conditions to profoundly debilitating handicaps (See Figure 2).

One of the reasons the law is very specific about kinds of handicaps is so that the local, state, and federal agencies involved in implementing the legislation will have guidelines regarding the children for whom services are intended.

## DO STATES USE THESE DEFINITIONS?

Not always. While they do use them for federal reporting, many states

FIGURE 2
Federal "Handicap" Definitions

121a.5 ". . .the term 'handicapped children' means those children evaluated as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of those impairments need special education and related services.

(b) The terms used in this definition are defined as follows:

(1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

(3) "Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(4) "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(5) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include blind-deaf children.

(6) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

FIGURE 2 (cont.)
Federal "Handicap" Definitions

(7) "Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle-cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(8) "Seriously emotionally disturbed" is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or of environmental, cultural, or economic disadvantage.

(10) "Speech impaired" means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

have chosen to use other definitions to guide their own programs. In their regulations for example, which are the procedures states develop to govern the way their educational programs are run, some use language that does not specify individual handicaps: e.g., "developmentally delayed," "at risk," "preprimary handicapped," etc. Or they use words that describe the severity of a child's disability rather than the kind of disability (see Figure 3).

FIGURE 3
Classification of Children
According to Degree of Disability

| Disability | Degree of Disability | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Mental Retardation | Emotionally Mentally Retarded (EMR) | Trainable Mentally Retarded (TMR) | Severely Mentally Retarded (SMR) |
| Behavior Disorder | Transitory | Phobic | Autism |
| Hearing Impairment | 41-55 Decibels | 56-70 Decibels | 71 + Decibels |

(Garwood, 1979, p. 15)

## WHY IS THE WAY EACH STATE DEFINES HANDICAPS IMPORTANT?

The way handicaps are defined affects the way services are delivered and the way funds are allocated for those services. For example, a state using "severity of handicap" as a way of grouping children may set up services in which all children with mild handicaps are served by a specific kind of program; those with moderate handicaps by another kind of program; and those with severe handicaps by a third kind of program. The money may then be allocated in various ways to these three programs. If a state uses federal categories, on the other hand, it may set up programs and allocate money for each of the specific handicaps (orthopedically handicapped, mentally retarded, etc.).

## HOW MANY HANDICAPPED CHILDREN ARE THERE IN THE U.S.?

Rough estimates indicate that about one million children below age six are handicapped in some way. Figure 4 shows the census figures representing the percentage of U.S. children with varying handicapping conditions.

FIGURE 4
Percent of U.S. Children with Handicapping Conditions, 1976

| Handicap | Percentage |
|---|---|
| Speech Impaired | 3.50 |
| Learning Disabled | 3.00 |
| Mentally Retarded | 3.00 |
| Emotionally Disturbed | 2.00 |
| Orthopedic/Health Impaired | 0.60 |
| Hearing Impaired | 0.50 |
| Visually Impaired | 0.10 |
| Multiply Handicapped | 0.06 |
| Approximate Total | 12.00 |

(Garwood, 1979, p. 14)

## HOW ARE SERVICES MADE AVAILABLE IN THE STATES?

Services can be offered to special children in many ways. Most states use one or a combination of the following "delivery" methods.

Center-based method. In these programs, children come to centers for educational or developmental experiences. Often the program is given in a classroom setting, and appropriate professionals (e.g., occupational and physical therapists) are available to work with individual children either in the classroom or in private therapy rooms. Parents may or may not accompany their children to these programs.

Home-based method. In these programs, services are provided for the child and family in their own home. Often the professional (sometimes

called a home therapist, a visiting therapist, or a home teacher) instructs the parents or primary care givers in training techniques and activities that can be used with the child.

Combination home- and center-based method. As implied by the title, the child receives special services in his or her home and at a training center. Sometimes this approach is used as a transitional step for young children and parents who are not quite ready for center-based services. This approach also allows parents to have a greater influence on their child's learning environment (because part of it is in the home) and to receive ongoing training more easily.

Hospital-based method. In this approach, children under medical care receive developmental training during their stays in hospitals. Parents, nurses, special educators, and other therapists may provide the service.

WHAT COMMON FACTOR MAKES THESE PROGRAMS WORK?

An individualized educational program (IEP). This written document is required by law to be prepared for every appropriately identified special child receiving services. "Appropriately identified" means that the child has been evaluated and found "handicapped" by professionals who have followed certain procedures specified by law. The IEP spells out the way the child's individual needs will be met. It may specify professionals and others who should be involved in serving the child. These may include:

- Parents
- Health care workers
  - doctors
  - nurses
  - dentists
  - nutritionists
  - neonatologists
- Educators

- Psychologists
- Social workers
- Speech pathologists
- Occupational therapists
- Physical therapists

ARE THERE OTHER CHARACTERISTICS OF SUCCESSFUL PROGRAMS?

Yes. Those that seem to be successful in meeting the needs of handicapped children stress:

- Parent involvement
- Ongoing training for staff and parents
- A sound theoretical base
- Clearly stated philosophy and goals
- Identification and intervention activities that occur as early as possible (TADS and WESTAR, 1980)

WHO IS RESPONSIBLE FOR SEEING THAT HANDICAPPED CHILDREN RECEIVE SERVICES?

Each state's education agency is charged with this responsibility by P.L. 94-142. All special children, three to twenty-one years of age, are to be provided a free, appropriate, public education by 1981--unless otherwise prescribed by state law or court order. For example, preschoolers (children under 6) may not receive services if state laws do not require them.

Other state agencies also have responsibilities for delivering services to handicapped children: e.g., The Department of Health, The Department of Human Resources, etc. It is very important that all agencies work together so that each child needing services will receive the best available. Comprehensive services--i.e., services that meet all of the needs a child may have whether they be educational, medical, or psychological--

often can only be provided by several agencies working together.

Also, efforts, such as screening all preschool children in the region for handicaps and putting those who seem to have problems through more sophisticated diagnostic evaluations, can only be successful when several agencies work together -- sharing resources and responsibilities. State and local agencies must all collaborate. The Senate Report on P.L. 94-142 suggests the following methods for working together.

> In meeting the requirements of this section (121a600; on responsibility) there are a number of acceptable options which may be adopted, including the following:
>
> (1) Written agreements are developed between respective State agencies concerning State educational agency standards and monitoring. These agreements are binding on the local or regional counterparts of each State agency.
>
> (2) The Governor's Office issues an administrative directive establishing the State educational agency responsibility.
>
> (3) State law, regulation, or policy designates the State educational agency as responsible for establishing standards for all educational programs for the handicapped and includes responsibilities for monitoring.
>
> (4) State law mandates that the State educational agency is responsible for all educational programs.

WHERE CAN I GO FOR MORE INFORMATION ON THE TOPICS COVERED?

The figures that follow contain information resources. Feel free to call or write any of the organizations listed. Also, please use the

materials in the bibliography. They are excellent introductions to the field of preschool special education.

Figure 5: contains addresses and names of people in the Washington, D.C., office of the Handicapped Children's Early Education Program and the regional HCEEP consortia that deal with the particular issues of: handicapped infants, minority leadership, rural and urban preschool programs.

Figure 6: contains information on the activities of six federally funded programs.

Figure 7: contains information on ten funding sources for programs serving the handicapped.

Figure 8: contains addresses of national organizations concerned with the handicapped.

FIGURE 5
Addresses of HCEEP Organizations

HCEEP Consortia Information
Jane DeWeerd
Section Chief of Early Childhood Program
Office of Special Education
U.S. Department of Education
400 Maryland Avenue SW
Donohoe Building, Room 3117
Washington, DC 20202
(202) 245-9722

(The Handicapped Children's Early Education Program was created in 1969 to address the educational needs of handicapped preschoolers.)

INTER-ACT
Geneva Woodruff
Project OPTIMUS Outreach
South Shore Mental Health
77 Parkingway
Quincy, MA 02169
(617) 471-0350

(INTER-ACT: The National Committee for Very Young Children with Special Needs and Their Families is concerned with the problems of handicapped infants, birth to three years of age.)

RURAL NETWORK
Corrine Garland
731 Wax Myrtle
Houston, TX 77079
(713) 461-3200

(The HCEEP Rural Network provides a voice for rural America's young handicapped children. The Network was organized at the 1978 HCEEP Project's Conference.)

MINORITY LEADERSHIP CONSORTIUM
Wilhelmina Bell-Taylor
HCEEP Minority Leadership Consortium
c/o International Business Services
Suite 1010, 1010 Vermont Avenue NW
Washington, DC 20005
(202) 789-5200

(The Minority Leadership Consortium represents a network of HCEEP minority leaders who strive to produce creative answers to the special problems of minority handicapped children. The Consortium's two interrelated goals are to increase the quantity and improve the quality of minority professionals involved in HCEEP.)

URBAN CONSORTIUM
Ruth Turner or Ruth Wilson
3700 Ross Avenue
Dallas, TX 75204
(214) 824-1620, ext. 342 or
(214) 526-0999

(The objectives of the Urban Consortium are: to identify critical issues unique to preschool programs for handicapped children and their families in urban settings; to outline the best approaches for working with children in these settings; to increase quality programs in urban settings; and to develop appropriate forums through which urban programs can share knowledge and solve common problems.)

FIGURE 6
Selected Federal Programs
Providing Services for Preschool Handicapped Children

| Program | Services |
|---|---|
| Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | Screening, diagnosis and treatment |
| Maternal and Child Health | Medical and intensive nursing care<br>Screening, diagnosis and treatment<br>Special clinics for the mentally retarded<br>Research grants |
| Supplemental Security Income (SSI) | Financial support/direct cash payments |
| Crippled Children's Services | Early identification (screening)<br>Diagnosis and evaluation<br>Treatment<br>Facilitating Services -- provided to varying degrees. May include:<br>•transportation<br>•drugs<br>•therapy<br>•supplies<br>•equipment |
| Developmental Disabilities Basic Support | Planning, coordinating, and funding short-term projects which may include but are not limited to:<br>•day care<br>•training<br>•treatment<br>•socio-legal services<br>•diagnosis<br>•sheltered employment<br>•transportation<br>•recreation<br>•counseling |
| Developmental Disabilities Special Projects | Funds special projects designed to increase the variety and improve the quality of services, including but not limited to:<br>•public awareness and public education programs<br>•technical assistance<br>•training personnel<br>•gathering and disseminating information |

FIGURE 7
Selected Funding Sources for Early Childhood/Special Education

| Funding Source | Purpose | Who May Apply | Contact |
|---|---|---|---|
| Education for all Handicapped Children Act of 1975<br>Title VI: Part B of Education of Handicapped Act (P.L. 91-230, as amended by 93-380 and 94-142) | To serve handicapped children not receiving any education; and to increase services to those children with the most severe handicaps who are receiving some but not all of the special education and related services specified in their individualized education programs | State education agencies and local education agencies complying with P.L. 94-142 | Title VI-B Coordinator in your State Department of Education or your State Director of Special Education. For copies of the proposed guidelines, write to the Office of Special Education or see the Federal Register, Dec. 30, 1976. |
| Handicapped Children's Early Education Program (HCEEP) Demonstration Projects<br>Title VI: Part C of Education of Handicapped Act (P.L. 91-230, as amended by 93-380) | To support the development of projects that can adapt or modify existing procedures for serving handicapped children (ages birth to eight) and their families to particular communities: and to support projects that will serve as exemplary models of service providers to other agencies in the community | Public or private nonprofit agencies | Jane DeWeerd, Coordinator HCEEP<br>Office of Special Education<br>400 Maryland Avenue SW<br>Donohoe Building, Room 3117<br>Washington, DC 20202<br>(202) 245-9722 |
| Head Start: Handicap Effort Economic Opportunity Act Amendments of 1972 (P.L. 92-424, as amended by Head Start, Economic Opportunity, and the Community Partnership Act of 1974) | To establish policies and procedures designed to assure that not less than ten percent of the total number of Head Start enrollment opportunities in each state are available for Head-Start-eligible handicapped children | Head Start grantees (Applications of Head Start grantees may include collaborative contracts with local school districts or other agencies who could share in the handicap-services effort.) | Director of your local Head Start program |
| Educationally Deprived Children--Local Education Agencies<br>Title I: Part A of Elementary and Secondary Education Act of 1965 (P.L. 89-10, as amended) | To expand and improve educational programs by various means, including: preschool educational programs to meet the needs of educationally deprived children (including children who are handicapped) residing in an attendance area designated for a Title I project | State education agencies apply to the Commissioner of Education. Local agencies receive funds through the state. | Title I Director for your local school system or the State Title I Coordinator in the State Department of Education. |
| Programs for Education of Handicapped Children In State Operated or Supported Schools<br>Title I: Elementary and Secondary Education Act of 1965 (P.L. 89-10, as amended by 89-313, 93-380) | To extend and improve comprehensive educational programs for handicapped children who are enrolled in or who have been enrolled in state-operated/supported schools | State departments of education and other state agencies who provide free public education for handicapped children may apply to the Office of Special Education. Local education agencies may apply on behalf of children who have been transferred to their district from a state-supported/operated school. | Public Law 89-313 Coordinator in your state department of education |

FIGURE 7 (cont.)
Selected Funding Sources for Early Childhood/Special Education

| Funding Source | Purpose | Who May Apply | Contact |
|---|---|---|---|
| Bilingual Education Classroom Demonstration Projects<br>Bilingual Education Act Title VII: Elementary and Secondary Education Act of 1965 (P.L. 89-10, as amended by 93-380) | To demonstrate effective ways of providing instruction--using bilingual education techniques--to children ages three to eighteen who have limited English-speaking ability and who, for reasons related to their lack of proficiency in English, are not achieving in school | Local education agencies | Office of Bilingual Education<br>U.S. Office of Education<br>400 Maryland Avenue SW<br>Washington, DC 20202<br>(202) 245-2595 |
| Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)<br>Title XIX: 1967 Amendments to Title XIX of Social Security Act (P.L. 89-97, as amended by 90-248, 91-56, 92-223, 92-603, 93-66, and 93-233) | To provide comprehensive, preventive health care services to individuals under twenty-one | No formal applications are made by states to the federal government. States are required to provide this program as a part of their Medical Assistance (MEDICAID) program. | County or state medical assistance (MEDICAID) program |
| Preschool Incentive Grants<br>Title VI: Part B of Education of Handicapped Act, as amended by P.L. 94-142 | To provide special education and related services to handicapped children, ages three, four, or five | State education agencies | State Early Childhood Coordinator, State VI-B Coordinator, or State Director of Special Education in your State Department of Education |
| State Implementation Grants (SIGs) for Preschool and Early Education for the Handicapped<br>Title VI: Part C of Education of Handicapped Act, as amended by P.L. 91-230 | To provide assistance in the implementation of state plans for preschool and the early education of handicapped children | State education agencies | State Early Childhood Coordinator, State VI-B Coordinator, or State Director of Special Education in your State Department of Education |
| Social Services Programs for Individuals and Families<br>(Social Services Amendments of 1974, Title XX of P.L. 93-647) | To provide day care services and to employ welfare recipients in the day care programs. Some states do use these funds to provide day care and early education programs for Title XX-eligible preschool handicapped children. | State education agencies | State agency designated to administer Title XX funds in your state |

FIGURE 8
Information Services:
Addresses of Pertinent National Organizations

Alexander Graham Bell Association
for the Deaf
3417 Volta Place NW
Washington, DC 20007
(202) 337-5220

American Association on Mental
Deficiency
5201 Connecticut Avenue NW
Washington, DC 20015
(202) 686-5400

American Diabetes Association
600 Fifth Avenue
New York, NY 10011
(212) 541-4310

American Foundation for the Blind
15 W. 16th Street
New York, NY 10011
(212) 924-0420

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231
(214) 750-5300

American Montessori Society, Inc.
150 Fifth Avenue
New York, NY 10010
(212) 924-3209

Association for Childhood Education
International
3615 Wisconsin Avenue NW
Washington, DC 20016
(202) 363-6963

Association for Children with
Learning Disabilities
4156 Library Road
Pittsburgh, PA 15234
(412) 881-1191

Black Child Development Institute,
Inc.
1463 Rhode Island Avenue NW
Washington, DC 20005
(202) 387-1281

Child Development Associate Consortium,
Inc.
Suite 601-East
7315 Wisconsin Avenue
Washington, DC 20014
(301) 652-7144

Child Welfare League of America, Inc.
67 Irving Place
New York, NY 10010
(212) 254-7410

Closer Look
Box 1492
Washington, DC 20013
(202) 833-4160

Council for Exceptional Children
Division for Early Childhood
1920 Association Drive
Reston, VA 22091
(703) 620-3660

Cystic Fibrosis Foundation
3379 Peachtree Road NE
Atlanta, GA 30326
(404) 262-1100

Day Care and Child Development
Council for America, Inc.
National Headquarters: The
Children's Embassy
622 14th St. NW
Washington, DC 20005
(202) 638-2316

Dissemination Center for Bilingual/
Bicultural Education
6504 Tracor Lane
Austin, TX 78721
(512) 926-8080

Education Commission of the States
300 Lincoln Tower
1860 Lincoln St.
Denver, CO 80295
(303) 893-5200

FIGURE 8 (cont.)
Information Services:
Addresses of Pertinent National Organizations

Epilepsy Foundation of America
Suite 406
1828 L St. NW
Washington, DC 20036
(202) 293-2930

Muscular Dystrophy Association
810 Seventh Avenue
New York, NY 10019
(212) 596-0808

National Association for Retarded Citizens
2709 Avenue E. East
PO Box 6109
Arlington, TX 76011
(817) 640-0204

National Association for the Education of Young Children
1834 Connecticut Avenue NW
Washington, DC 20009
(202) 232-8777

National Association of Early Childhood Specialists in State Departments of Education
PO Box 480
Jefferson City, MO 65101
(413) 751-4212

National Association of State Directors of Child Development
300 Lincoln Tower
1860 Lincoln Street
Denver, CO 80295
(303) 893-5200

National Association of State Directors of Special Education
Suite 610-C
NEA Building
1201 16th Street NW
Washington, DC 20036
(202) 833-4193

National Center for Child Advocacy
Department of Health, Education and Welfare
Office of Child Development
PO Box 1182
Washington, DC 20013
(202) 755-7816

National Center for Law and the Handicapped
1235 N. Eddy Street
South Bend, IN 46617
(219) 288-4751

National Council for Organizations for Children and Youth
Suite 404
1910 K St. NW
Washington, DC 20006
(202) 785-4180

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612
(312) 243-8400

National Foundation--March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 428-7100

National Society for Autistic Children
169 Tampa Avenue
Albany, NY 12208
(518) 489-7375

The Association for the Severely Handicapped (TASH)
1600 West Armory Way
Seattle, WA 98119
(206) 543-4011

Spina Bifida Association of America
343 S. Dearborn
Chicago, IL 60604
(312) 662-1562

United Cerebral Palsy Associations, Inc.
66 East 34th St.
New York, NY 10016
(212) 481-6300

BIBLIOGRAPHY

Printed Materials


Ackerman, P.R. The Delivery of Education Services to Preschool Handicapped Children in the United States: The State of the Art. Washington, D.C.: Bureau of Education for the Handicapped, 1974.

Ackerman, P. and Moore, M. "Delivery of Education Services to Preschool Handicapped Children." In Tjossem, T.D. (ed.), Intervention Strategies for High Risk Infants and Children. Baltimore: University Park Press, 1976.

Aiken, M., Dewar, R., DiTomaso, N., Jage, J., and Zeitz, G. Coordinating Human Services. San Francisco: Jossey-Bass, 1975.

Bronfenbrenner, U. Is Early Intervention Effective? [Publication number (OHD) 74-25] Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1974.

Caldwell, B.M. "The Importance of Beginning Early." In Jordan, J.B. and Dailey, R.F. (eds.), Not All Little Wagons are Red--The Exceptional Child's Early Years. Arlington, VA: Council for Exceptional Children, 1972.

Elder, J. and Magrab, P. (eds.). Coordinating Services to Handicapped Children: A Handbook for Interagency Collaboration. Baltimore: Paul H. Brookes, 1980.

Fredericks, H.D., Moore, M.G., and Baldwin, V.L. "The Long Range Effects of Early Childhood Special Education on a TMR Population." Paper presented at the Early Childhood Special Education Conference honoring Alice Hayden, April, 1979, Seattle, WA.

Garwood, S.G., et al. Educating Young Handicapped Children: A Developmental Approach. Germantown, MD: Aspen Sytems Corporation, 1979.

Gilkerson, L. and Trohanis, P. Resources for Early Education Programs for Children with Handicaps. Chapel Hill, NC: Technical Assistance Development System, 1977.

Hayden, A.H. and Haring, N.G. "A Preliminary Report on a Study of the Acceleration and Maintenance of Developmental Gains in School-Aged Down's Syndrome Children." Paper presented at the Fourth International Congress of the International Association for the Scientific Study of Mental Deficiency, August 22-27, 1976, Washington, DC.

Kirk, S.A. Early Education of the Mentally Retarded. Urbana, IL: University of Illinois Press, 1958.

Kirk, S.A. Educating Exceptional Children. Boston: Houghton-Mifflin, 1972.

Kugel, R.B. "Combatting Retardation in Infants with Down's Syndrome." Children 17(1970): 188-192.

Magrab, P. and Elder, J. (eds.). Planning for Services to Handicapped Persons: Community, Education, Health. Baltimore: Paul H. Brookes, 1979.

NASDSE. A Review of Literature on the Long Range Effects of Early Intervention of Children. Washington, DC: The National Association of State Directors of Special Education, 1980.

Palmer, F.H. "The Effects of Early Childhood Intervention." A paper presented at the Annual Meeting of the American Association of the Advancement of Science, 1977, Denver, CO.

Schweinhart, L. and Weikart, D. "Can Preschool Make a Lasting Difference?" A paper presented at the Office of Child Development Conference, "Parents, Children, and Continuity," May 23, 1977, El Paso, TX.

Skeels, H.M. and Dye, H.B. "A Study of the Effects of Differential Stimulation of Children." Proceedings of the American Association on Mental Deficiency 44(1939): 114-136.

U.S. Department of Health, Education, and Welfare: Office of Education. "Education of Handicapped Children." Federal Register, Volume 42, Number 163, August 23, 1977.

Weikart, D.P. "Relationship of Curriculum, Teaching, and Learning in Preschool Education." In J.C. Stanley (ed.), Preschool Programs for the Disadvantaged. Baltimore: Johns Hopkins University Press, 1972.

Audiovisual Materials

Calvin Communicators. "The Fortunate Few" (16mm motion film). Kent, OH: LINC Resources, 1980. (Available from: Calvin Communicators, Inc.; 1105 Truman Road; P.O. Box 15607; Kansas City, MO 64106; (816) 471-7800.)

Chapel Hill Training Outreach Project. "Public Law 94-142: An Overview" (slide-tape). Chapel Hill, NC: author, 1978-79. (Available from: Chapel Hill Outreach Project; Lincoln Center; Merritt Mill Road; Chapel Hill, NC 27514; (919) 967-8295.)

Chapel Hill Training Outreach Project. "Love Your Resource Neighbor" (slide-tape). Chapel Hill, NC: author, 1976. (Available from: Chapel Hill Outreach Project; Lincoln Center; Merritt Mill Road; Chapel Hill, NC 27514; (919) 967-8295.)

Preschool Handicapped Project. "Whispers" (slide-tape). Topeka, KS: State Department of Education, 1978. (Available from: Preschool Handicapped Project; Kansas State Department of Education; 120 East Tenth Street; Topeka, KS 66612; (913) 296-3866.)

Project PUSH. Teaching the Young Handicapped Child: An Overview (videotape series). Keyser, WV: Mineral County Board of Education, 1977-1978. (Available from: Project PUSH; 39 South Mineral Street; Keyser, WV 26726; (304) 788-2713.)

TADS and WESTAR. "Starting...at the Beginning: An Update on Early Education for Young Exceptional Children" (filmstrip, sound). Seattle: University of Washington, 1980. (Available from: WESTAR; University District Building JD-06; Suite 215; 1107 Northeast 45th Street; Seattle, WA 98105; (206) 543-8565.)